

What drugs may worsen symptoms?

Aspirin and similar drugs such as ibuprofen can sometimes worsen symptoms. Paracetamol can be used instead.

If you have angioedema, a group of drugs used to treat blood pressure called ACE inhibitors should also be avoided. Consult your own doctor regarding this.

How long will the symptoms last?

The treatment suppresses the symptoms and should be continued for 3-6 months before starting to gradually reduce the dose. In half of people with chronic idiopathic urticaria and angioedema the rash lasts for up to a year and then gradually disappears. It usually does not come back. However in some people the symptoms can last longer and may come and go over a number of years.

Please speak to a member of staff if you need this leaflet in large braille, audio or another language

Glossary:

Angioedema: Angioedema is swelling of the tissues e.g. lip swelling



Urticaria : Urticaria is a red, raised, itchy rash sometimes called hives or nettle rash.



Autoimmune conditions: Autoimmune conditions occur when the immune system is acting against the body's own cells and tissues instead of against foreign microbes such as viruses. Examples include some thyroid diseases, vitiligo (skin discolouration), and alopecia (hair loss).

University Hospitals 
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Chronic Spontaneous Urticaria and Angioedema (CSAU)

Patient Information Leaflet

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What is chronic spontaneous angioedema and urticaria (CSAU)?

Angioedema is swelling of the tissues, such as the lips. Urticaria is a red, itchy rash sometimes called hives or nettle rash. In most cases both angioedema and urticaria occur, although in some only one or the other may be present. Generally the symptoms last only a few days or weeks. If symptoms continue for more than 6 weeks, we call it chronic. Chronic urticaria and angioedema are uncommon affecting about 1 person in every 200. A proportion of these people will have other autoimmune conditions such as thyroid disease.

What is triggering my symptoms?

People often think urticaria is caused by allergies, but in fact, allergy is not a common cause of urticaria.

It is important to discuss any medicines you are taking with your doctor as both prescribed and over-the-counter medicines can sometimes trigger symptoms. (For example, painkillers like aspirin and ibuprofen).

Occasionally symptoms can be strongly associated with physical factors such as the cold or pressure. This is called physical urticaria.

Infection can be associated with a flare in symptoms, and for some people stress can be a trigger.

What causes CSAU?

In most cases there is no cause identified. Some patients (or their family members) may have an autoimmune condition (see the glossary). Blood pressure tablets called ACE-inhibitors are an important cause of angioedema and should be avoided in CSAU.

What tests do I need?

Most people do not need a test as the description of symptoms is characteristic and there is no special test available to make the diagnosis. Sometimes we screen people for thyroid disease. Patients with angioedema only may be screened for other rare causes.

What is the treatment?

Antihistamines -These are the most effective treatment and sometimes high doses are necessary. Fortunately these drugs have been used for a long time and we know they are safe even when taken every day for a long time. It is best to take a non-drowsy antihistamine and sometimes it is worth trying different types to find the one which suits you best.

If taking regular antihistamine does not completely clear the symptoms then other medicines can be added in by your doctor or the specialist.



Ranitidine: This drug is sometimes used to treat stomach ulcers, but can help in CSAU.

Montelukast: This is sometimes used in asthma. It is effective in some people with CSAU, so it is usually best to try the Montelukast as a trial for two weeks to see if it works before continuing it for a longer period.

Prednisolone: Rarely a 3-5 day course may be useful if symptoms are very bad. They can be useful in the short term for an important event (eg. a wedding)

Omalizumab: If high dose anti-histamine and Montelukast have been tried and symptoms are still troublesome on most days then a monthly injection with this drug is often effective.